							, , , , , , , , , , , , , , , , , , ,					
	DATENT	Application or Docket Number										
	PAIENI A	APPLICATIO Effect	tive Octob			ON RECOR	₹D	L	90	M 6	3500	1000
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS					(Oola	(Column 2)		RATE FEE		OR 7 I		
FOR			2		AU IN C	SED EVEDA	-			$\{ \   \  $	RATE	FEE
			NUMBER FILED		NUMBER EXTRA		BASIC		355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS			೨ \ minus 20=				X\$ 9=		OR	X\$18=	18	
NDEPENDENT CLAIMS			3 minus 3 =		<u> </u>		X40=			OR	X80=	
MULTIPLE DEPENDENT CLAIM PR			RESENT					$\dashv$				<del> </del>
16	the difference	in column 4 is	la a di		<b>"07</b> :		+135	<u>-</u> ]	<u> </u>	OR	+270≃	
H	the aimerence	in column 1 is i	less than zero, enter		r "0" in c	olumn 2	TOTA	IL.		OR	TOTAL	728
CLAIMS AS AMENDED - PART II											OTHER	
		(Column 1)	L. war	(Colum		(Column 3)	SMAL	_L F	ENTITY	OR	SMALL E	ENTITY
		REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	MBER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=	_		OR	X\$18=	
	Independent	•	Minus	***		=	X40=			1 1	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+		OR		
	•						+135=			OR	+270=	<u> </u>
							TOT.			OR ,	TOTAL ADDIT, FEE	
_		(Column 1)		(Colum		(Column 3)					<b>1</b> — <b>2</b>	
	adding a supplier and a second	CLAIMS REMAINING AFTER AMENDMENT	Management and the first a right	HIGH NUMI PREVIO PAID I	IBER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=	=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	TOL AINA	= .	X40=	T		OR	X80=	
_	FIRST FINESE	NIATION OF WIL	LIPLE DET	FNDEI	CLAnvi		+135=	1	•		070	
			•							OR	+270=	
			•				ADDIT. FE			OR A	TOTAL ADDIT. FEE	
_		(Column 1)		(Colum		(Column 3)						
		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL		RATE	ADDI- TIONAL

CLAIMS
REMAINING
AFTER
AMENDMENT

Total

Total

\* Minus

\*\*\*

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 8/00) X\$18=

X80=

+270=

ADDIT. FEE

TOTAL

OR

OR

OR

OR

X\$ 9=

X40=

+135=

ADDIT. FEE

TOTAL

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.